Welcoming transgender and nonbinary patients: expanding the language of "women's health"

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THE PROBLEM: The widespread use of gender-specific language in sexual and reproductive health care alienates gender-diverse people from seeking care and contributes to disparities in health.

THE SOLUTION: Promoting gender-inclusive and affirming language in verbal and written communication is a critical step toward reducing health disparities for gender-diverse people.

Over the last decade, transgender and gender-diverse people have gained greater visibility in society. At the same time, women's health care professionals are increasingly providing clinical services for this population,[1,2] including gender transition-related care (eg, gender-affirming hormone therapy or surgeries), routine obstetric and gynecological (Ob-Gyn) services, and specialized care such as assisted reproductive technologies.[3]

As obstetrician-gynecologists, our work has traditionally centered on serving the health and needs of women. In our quest to provide women-centered care, however, our approach and language may have unwittingly deterred and excluded a vulnerable population in need of our services. The term, women's health, implies a field that serves only cis-gender women (people who were assigned female at birth and identify as female); this term alienates gender-diverse people who do not identify as women but nevertheless need our services. More generally, the systematic use of cis-normative language may deter gender-diverse patients from seeking needed care.[4]

People assigned female at birth, including transgender men (those assigned female at birth who identify as men) and nonbinary people (those who do not identify as a man or a woman)[5] are candidates for Ob-Gyn services offered to anyone who has a vulva, a vagina, or a uterus. These services may include but are not limited to the following: screening and treatment of sexually transmitted infections (STIs), vulvar care, cervical cancer screening, menstrual cycle management, contraception, prenatal care, and fertility care.

Some transgender men with gender dysphoria may require a hysterectomy or a vaginectomy for gender affirmation. Despite a clear need for Ob-Gyn services, transmasculine people often avoid seeking care for fear of discrimination that has included refusal of care, verbal harassment, and physical violence by staff and/or other patients.[6,7]

People who were assigned male at birth, including transgender women (those assigned male at birth who identify as women) and nonbinary people, may also need services that fall within the scope of Ob-Gyn and include STI screening and treatment; contraception and fertility care; postoperative care of neovaginas (surgically created vaginas) for transgender women; and breast care for transfeminine people who receive estrogen or for transgender men who have not undergone mastectomies.

Women's health care providers have explicitly acknowledged the impact of gender-based discrimination and violence on the health and lived experiences of our patients. Given that the source of social and health inequities suffered by transgender and nonbinary people is also deeply rooted in gender-based discrimination,[8] we posit that commitments to women's health care should be extended to gender-diverse people, with our work driven, and identified, by our skills and our patients' needs, rather than by gender alone.

Our scope of practice and areas of expertise vary, and we acknowledge that not everyone will become a hormone provider for transgender and nonbinary people. Nevertheless, all providers trained in women's health can provide routine obstetric and gynecological care to gender-diverse people. Furthermore, we can all work to end the systematic exclusion and discrimination against gender-diverse people by using more inclusive language.

Manifestations of cis-gendered language in health care settings are pervasive, ranging from seemingly mundane or technical details such as bathroom signage and health intake forms to the ritualized celebration of fetal sex

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declaration with ultrasound.[9] A respectful and more inclusive care environment improves patient experience and engagement in care[4] and thus health outcomes. A careful assessment of our discourse and practices may enable us to expand the care we provide to a broader diversity of patients by creating a safe, trustworthy care environment for gender-diverse people.

Health disparities and transgender and gender diverse (TGD) people

Transgender people comprise 0.6% of the adult US population, with rising numbers of younger people identifying as transgender, nonbinary, or gender nonconforming over the past decade.[10] Compared with cis-gender individuals, TGD individuals suffer poorer health outcomes that largely stem from societal discrimination and violence.[11] For example, the rates of serious psychological distress in this population are 39%, compared with 5% in the general population.[12] TGD people have a 40% lifetime suicide attempt rate, 9 times that of the general US population.[12]

One of the most challenging barriers to health care access faced by TGD people is discrimination from individuals in the health care workforce. Nearly 20% of TGD people have reported being refused medical care because of their gender identity,[6] 33% reported a negative experience with a health care provider over the last year, and 23% reported avoiding necessary medical care (such as cervical cancer screening) for fear of discrimination.[12] Even in the absences of discrimination, TGD patients are more likely to delay or avoid health care if they perceive that their providers lack knowledge about transgender health issues.[7]

Reducing health disparities experienced by TGD patients will require long-term clinical and policy strategies. Yet as health care providers, we can take an important first and feasible step by using gender-inclusive language and communication in everyday interactions. Using gender-inclusive language will also remind providers that many of the services that our TGD patients need are less specialized than we may think. The widespread use of gender-affirming words, symbols, and images is a powerful first step in signaling that we welcome TGD people and in decreasing barriers to care. We believe this will encourage TGD patients to seek the care they require and ultimately reduce health disparities.

Changes and possibilities going forward

We suggest changes to make our everyday professional language more inclusive, including the language we use in clinical care, research, and health policy and advocacy. First, we provide a few examples of how cis-gendered language can feel unwelcoming and even hostile to TGD patients and, ultimately, do harm.

Our current use of gender-specific language, notably the term women's health, recognizes the role of gender in health, particularly in sexual and reproductive health, and has been embraced by obstetrician-gynecologists as well as other providers who care for women. However, as already noted, this terminology excludes gender-diverse people. A nonbinary person with a cervix may not feel comfortable making an appointment for a well-woman examination and therefore forgo cervical cancer screening. A pregnant transgender man may encounter difficulty scheduling a prenatal care appointment, where he might repeatedly be addressed as Ms or otherwise misgendered by clinic staff who discuss him using she/her/hers pronouns. A transgender woman may skip a screening mammogram to avoid verbal or physical harassment when using a gender-specific bathroom. A nonbinary person will not be able to adequately fill out an intake form that has only male or female gender options. An intake form that does not qualify whether a patient has a uterus prior to asking about last menstrual period alienates a transgender woman who needs STI screening.

Instead, we can find ways to address people, organs, or needs, regardless of a patient's gender. The use of gender-neutral terminology, such as sexual and reproductive services, well-person care, and cervical cancer screening, has been adopted by many clinics to create a welcoming and affirming space for gender-diverse patients.[13] Rather than rely upon assumed gender, health care providers can modify intake forms to assess the presence or absence of reproductive organs (eg, cervix, uterus) and elicit patients' concerns to guide their clinical recommendations accordingly. We have included a modified intake form in the Appendix.

All patients should be asked about their pronouns, which should then be documented and updated as requested, including at prenatal visits. Simple changes in bathroom signage can create nongendered bathrooms. A variety of other terms used in sexual and reproductive health services are often gender specific. We list alternatives to commonly used gender-specific terminology in the Table.

Gender-inclusive language should also extend to our research, whether it be regarding transgender and nonbinary people or general patient populations. For example, instead of stating "Women who used LARC reported …", one might write "LARC users reported …" or "People who selected LARC reported … ." Remembering that some transgender men might carry pregnancies[14] (and also that in some families, there is more than 1 breast- or chest-feeding parent), one could substitute the statement "breast-feeding increased bonding between mother and infant …" with a similar statement referring to people, patients, or parents and "bonding through breast- or chest-feeding."

Our professional societies can take a leading role in creating these changes by incorporating gender-inclusive language in statements, practice bulletins, and other publications. For example, practice guidelines regarding emergency contraception need address not only women; a recommendation for offering emergency contraception following unprotected intercourse[15] can be extended beyond women to "women and all people with a uterus" or to all "people at risk of becoming pregnant and who do not desire pregnancy".

TABLE
Gender-inclusive language for sexual and reproductive health care

Current practice	Suggested alternative
Language	
Women's health care (providers, services, clinic, etc)	Sexual and reproductive care
Well-woman examination	Annual examination, well-person examination, or Papanicolaou smear, pelvic examination
Breast-feeding	Breast- or chest-feeding
Mother	Parent or gestational parent
Intake forms, EMRs, and history taking	
Address all patients as Ms or Mrs	Call patients in from the waiting room by last name only. Ask all patients: "How would you like me to address you?"
Questions about menstrual and obstetric history	Avoid assumptions about anatomy. Clarify whether the patient has a uterus. This is also more friendly for cis-gender women who have had a hysterectomy and for intersex people.
Sexual history: "Are you sexually active with men, women, or both?"	"Who do you have sex with?" "What anatomy (parts) do they have?" followed by appropriate questions regarding specific sexual practices, as needed
"Are you sexually active?"	Acknowledge that there are many sexual practices that do not include penile-vaginal penetration. "Have you ever been sexually intimate in a way that included exchange of genital body fluids?" "Do you have oral or anal sex?" "Have you ever had vaginal (or front) penetration with a penis, finger, or toy?"
Sex marker: binary options (male or female)	Many EMRs now offer a preferred name and pronoun field.
	Use a 2-step gender question: (1) what is your gender? Enable more than 2 options for people who identify as nonbinary, queer, or other; (2) what sex were you assigned at birth (ie, on your original birth certificate)?[18]
Visual cues	
Bathroom signage: men/women	Ensure at least 1 single-stall, nongender (or all-gender) bathroom that is accessible and easily identifiable

EMR, electronic medical record.

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Many of our barriers to caring for this patient population lie in our perception that we lack expertise.[16] Expanding our language to include gender-neutral terminology will highlight the ways in which our own expertise already incorporates many of the needs of transgender and nonbinary people.[17] Having language to discuss the needs of a transgender man for a Papanicolaou smear will not only make him feel more welcomed in our clinics, but it also will reinforce to the entire health team, including trainees and staff, that his cervical cancer screening is exactly what we should and are prepared to do.

Summary

We do not have to choose between caring and advocating for cis-gender women vs transgender and nonbinary people. By adapting the same principles that have guided the field of women's health for decades, we can come closer to addressing the needs of all our patients. As we create practices that are more inclusive of gender-diverse people, we will be doing more than just that; a more capacious understanding and implementation of our profession will enable us to acknowledge the role of gender in all our patients' lives. Gender-expansive language can act as a powerful reminder for us that people need not be defined or constrained by their genitalia or genders. Even more importantly, it can prompt us to look to our patients as authorities about their own genders and bodies. ■

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ABSTRACT

Welcoming transgender and nonbinary patients: expanding the language of "women's health"

In this article, we consider the impact of gendered language on our ability to provide inclusive care and to address health disparities experienced by transgender and nonbinary people. We posit that while obstetrician-gynecologists and others trained in women's health are already well positioned to extend care to this population, we can improve this care through simple adjustments in the framing and language we use.

Key words: gender affirming, gender dysphoria, gender identity, gender nonbinary, gender nonconforming, gender queer, obstetrics and gynecology, transgender, transsexual, women's health